

AO 239 (Rev. 12/13) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the

Tremaine Hadden*Plaintiff/Petitioner*

v.

State Of New Jersey*Defendant/Respondent*

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS
(Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: Tremaine Hadden

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 8/10/18

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expected next month	
	You	Spouse	You	Spouse
Employment Confined	\$ None	\$ None	\$ None	\$ none
Self-employment	\$ none	\$ none	\$ none	\$ none
Income from real property (such as rental income)	\$ none	\$ none	\$ none	\$ none
Interest and dividends	\$ none	\$ none	\$ none	\$ none
Gifts	\$ none	\$ none	\$ none	\$ none
Alimony	\$ none	\$ none	\$ none	\$ none
Child support	\$ none	\$ none	\$ none	\$ none

AO 239 (Rev. 12/13) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$ N/a	\$ N/a	\$ -----	\$ -----
Disability (such as social security, insurance payments)	\$ N/A	\$ -----	\$ -----	\$ -----
Unemployment payments	\$ N/A	\$ -----	\$ -----	\$ -----
Public-assistance (such as welfare)	\$ N/a	\$ -----	\$ -----	\$ -----
Other (specify):	\$ N/A	\$ -----	\$ -----	\$ -----
Total monthly income:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Confined	Confined	Confined	\$ 12.00
Same as above	-----	-----	\$ ----

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
	SINGLE		\$
			\$

4. How much cash do you and your spouse have? \$ 0.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
None	None	\$ None	\$ None
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

AO 239 (Rev. 12/13) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse	
Home (Value) none	\$
Other real estate (Value)	\$
Motor vehicle #1 (Value)	\$
Make and year:	
Model:	
Registration #:	
Motor vehicle #2 (Value)	\$
Make and year:	
Model:	
Registration #:	
Other assets (Value)	\$
Other assets (Value)	\$

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$ None	\$
	\$None	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age
TH	Daughter	5

AO 239 (Rev. 12/13) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment <i>(including lot rented for mobile home)</i> Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ None	\$ Single
Utilities <i>(electricity, heating fuel, water, sewer, and telephone)</i>	\$	\$
Home maintenance <i>(repairs and upkeep)</i> Same as Above	\$	\$
Food	\$	\$
Clothing	\$ N/A	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation <i>(not including motor vehicle payments)</i>	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance <i>(not deducted from wages or included in mortgage payments)</i>	None	
Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
Taxes <i>(not deducted from wages or included in mortgage payments) (specify):</i>	\$	\$
Installment payments	None	
Motor vehicle:	\$	\$
Credit card <i>(name):</i>	\$	\$
Department store <i>(name):</i>	\$	\$
Other:	\$	\$
Alimony, maintenance, and support paid to others	\$	\$

AO 239 (Rev. 12/13) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Regular expenses for operation of business, profession, or farm (<i>attach detailed statement</i>)	\$	\$
Other (<i>specify</i>):	\$ None	\$
Total monthly expenses:	\$ 0.00	\$ 0.00

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.

Have no means of funds and I am confined and have been confined for the past five years.

12. Identify the city and state of your legal residence.

Your daytime phone number: Confined

Your age 25 Your years of schooling: HSG

Last four digits of your social-security number: 6192

THIS FORM MUST BE USED BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS IN A CIVIL RIGHTS CASE

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

Tremaine Hadden

(Plaintiff in this action)

: AFFIDAVIT OF POVERTY
and ACCOUNT CERTIFICATION
:
(CIVIL RIGHTS)

v.

: Civil Action No. _____

(To be supplied by the Clerk of the Court)

State Of New Jersey

Department Of corrections

: DNJ-Pro Se-007-A-(Rev.05/2013)

Tully House

:

Supervisor RJune(TH), Individually and in his capacity

(Defendant(s) in this action)

:

Instructions:

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. See Local Civil R. 5.1(f). A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid, regardless of the outcome of the proceeding. See 28 U.S.C. § 1915(b).

The prisoner must complete all questions in the following affidavit, sign and date the affidavit, and then obtain the signature of the appropriate prison official who certifies the prison account statement. After the appropriate prison official certifies your prison trust fund account statement(s), you must attach the prison account statement(s) to this application, for each prison or jail wherein you were incarcerated during the previous six months. If your application to proceed in forma pauperis is incomplete, then the Court may enter an order denying your application without prejudice and administratively terminating your case without filing the complaint.

THIS FORM MUST BE USED BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS IN A CIVIL RIGHTS CASE

In support of this application, I state the following under the penalty of perjury:

1. I, Tremaine Hadden (print your name), declare that I am the
☒ Plaintiff / movant ☐ Other

in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty, I am unable to prepay the costs of said proceeding or give security therefor; that I believe I am entitled to relief.

2. The nature of my claim or the issues I intend to present on appeal are briefly stated as follows:

Civil rights violations, malicious prosecution, denial of medical access, et al

3. List dates and places of confinement for the immediately preceding six months:

Dates of Confinement

2013

2018

Places of Confinement

GSYCF

Tully, SSCF

For each institution in which you have been confined for the preceding six months, you must obtain a copy of your prison account and the signature of the appropriate prison official (see certification on p. 3).

4. Are you employed at your current institution? ☒ Yes ☐ No

Do you receive any payment or money from your current institution? ☒ Yes ☐ No

If Yes, state how much you receive each month: 24.00

5. In the past 12 months, have you received any money from any of the following sources?

			<u>Amount</u>
a. Business, profession, or other self-employment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b. Rent payments, interest, or dividends	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
c. Pensions, annuities, or life insurance payments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
d. Disability or workers compensation payments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
e. Gifts or inheritances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
f. Any other sources	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

THIS FORM MUST BE USED BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS IN A CIVIL RIGHTS CASE

6. Other than your prison account, do you have cash or a checking or savings account in your name?

☐ Yes ☒ No

If "Yes," state the total in the account at this time: _____

7. Do you own any other assets or property?

☐ Yes ☒ No

If "Yes," please describe: _____

8. I, Tremaine M. Hadden
(Print or Type Name and Number of Prisoner)

declare under penalty of perjury that the aforesaid statements made by me are true and correct. I authorize the agency having custody over me to assess, withdraw from my prison account, and forward to the Clerk of the District Court for the District of New Jersey (1) an initial partial filing fee equal to 20% of the greater of the average monthly deposits to my prison account or the average monthly balance in my prison account for the six-month period immediately preceding the filing of the complaint, and (2) payments equal to 20% of the preceding month's income credited to my prison account each month the amount in the account exceeds \$10.00, until the \$ 350.-- fee is paid. 28 U.S.C. § 1915(b)(1) and (2).

7/24/18
DATE

[Signature]
SIGNATURE OF PRISONER

THIS PORTION OF YOUR APPLICATION SHALL NOT BE LEFT BLANK.

IF THIS PORTION IS NOT COMPLETED, YOUR APPLICATION WILL BE DENIED WITHOUT PREJUDICE

ACCOUNT CERTIFICATION SIGNED BY PRISON OFFICIAL

I, Thacciamari (print name), certify that the attached trust fund account statement (or institutional equivalent) is a true and correct copy.

RECEIVED
7-27-18
DATE **JUL 27 2018**

Southern State Corr. Facility
Business Office

Thacciamari (Signature)
[Signature] (Title)
7-27-18

07/27/2018 08:50

DEPARTMENT OF CORRECTIONS

Page

1 of

6

COICAC2

SOUTHERN STATE CORRECTIONAL FACILITY

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 01/01/2018 - 07/27/2018

SBI #: 000366926E

Name: HADDEN, TREMAINE M

DOB: 10/05/1992

LOCATION: SSCF-1-R-E-2

INM# 864818

PED: 09/04/2019

As of Date: 09/04/2019

Max Date: 09/04/2019

LOCATION	SUB ACCOUNT	BEGINNING BALANCE	ENDING BALANCE	HOLD
BSP	2101 SPENDABLE	0.00	0.00	
BSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
BSP	2103 RELEASE SAVINGS	0.00	0.00	
CRAF	2101 SPENDABLE	0.00	0.00	
CRAF	2102 WORK RELEASE SAVINGS	0.00	0.00	
CRAF	2103 RELEASE SAVINGS	0.00	0.00	
EJSP	2101 SPENDABLE	0.00	0.00	
EJSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
EJSP	2103 RELEASE SAVINGS	0.00	0.00	
GYCF	2101 SPENDABLE	0.00	0.00	
GYCF	2102 WORK RELEASE SAVINGS	0.00	0.00	
GYCF	2103 RELEASE SAVINGS	0.00	0.00	
NSP	2101 SPENDABLE	0.00	0.00	
NSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
NSP	2103 RELEASE SAVINGS	0.00	0.00	
SSCF	2101 SPENDABLE	0.00	24.11	
SSCF	2102 WORK RELEASE SAVINGS	0.00	0.00	
SSCF	2103 RELEASE SAVINGS	0.00	0.00	
SWSP	2101 SPENDABLE	0.00	0.00	
SWSP	2102 WORK RELEASE SAVINGS	0.00	0.00	
SWSP	2103 RELEASE SAVINGS	0.00	0.00	
WYCF	2101 SPENDABLE	0.00	0.00	
WYCF	2102 WORK RELEASE SAVINGS	0.00	0.00	
WYCF	2103 RELEASE SAVINGS	0.00	0.00	

DEBTS AND LOANS SUMMARY

TYPE	PAYABLE	DATE CREATED/INSTITUTION	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
MEDL	MEDICAL LOAN	02/10/2014 @ WYCF	10.00	10.00	0.00	ACTIVE
RXL	PHARMACY LOAN	02/10/2014 @ WYCF	4.00	4.00	0.00	ACTIVE
COL	COMMISSARY LOAN	02/07/2014 @ WYCF	11.15	11.15	0.00	ACTIVE
LGLML	LEGAL MAIL LOAN	04/27/2017 @ SSCF	0.18	0.18	0.00	ACTIVE
MEDL	MEDICAL LOAN	03/06/2017 @ SSCF	10.00	10.00	0.00	ACTIVE
MEDL	MEDICAL LOAN	09/01/2014 @ GYCF	15.00	15.00	0.00	ACTIVE
RXL	PHARMACY LOAN	09/01/2014 @ GYCF	2.00	2.00	0.00	ACTIVE
RXL	PHARMACY LOAN	02/19/2018 @ EJSP	1.00	1.00	0.00	ACTIVE
MEDL	MEDICAL LOAN	02/19/2018 @ EJSP	5.00	5.00	0.00	ACTIVE

OBLIGATIONS SUMMARY

TYPE	PAYABLE	INFO / INDICTMENT #	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
LEOTEF	LAW ENFOR. OFR. TRAIN. &	Cum-12-08-00859-i	30.00	30.00	0.00	ACTIVE

07/27/2018 08:50

DEPARTMENT OF CORRECTIONS

Page 2 Of 6

COICAC2

SOUTHERN STATE CORRECTIONAL FACILITY

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 01/01/2018 - 07/27/2018

SBI #: 000366926E

Name: HADDEN, TREMAINE M

DOB: 10/05/1992

LOCATION: SSCF-1-R-E-2

INM# 864818

OBLIGATIONS SUMMARY

TYPE	PAYABLE	INFO / INDICTMENT #	ORIGINAL AMOUNT	AMOUNT PAID	AMOUNT OWING	STATUS
	EQUIP. FUND					
50VCCB	\$50 VICTIMS OF CRIME COMPENSATION BOARD	Cum-12-08-00859-i	39.00	39.00	0.00	ACTIVE
50VCCB	\$50 VICTIMS OF CRIME COMPENSATION BOARD	CUM FJ 06 000263 11	17.00	17.00	0.00	ACTIVE
50CDRC	\$50 CRIMINAL DISP. AND REV. COLLECTION	Cum-12-08-00859-i	3.00	3.00	0.00	ACTIVE
50CDRC	\$50 CRIMINAL DISP. AND REV. COLLECTION	CUM FJ 06 000263 11	3.00	3.00	0.00	ACTIVE
50VWAF	\$50 VICTIMS AND WITNESS ADVOCACY FUND	Cum-12-08-00859-i	8.00	8.00	0.00	ACTIVE
50VWAF	\$50 VICTIMS AND WITNESS ADVOCACY FUND	CUM FJ 06 000263 11	10.00	10.00	0.00	ACTIVE
DEDR	DRUG ENFORCEMENT	CUM FJ 06 000215 11	125.00	125.00	0.00	ACTIVE
SNSF	SAFE NEIGHBOURHOOD	Cum-12-08-00859-i	75.00	75.00	0.00	ACTIVE
TCF	TRANSACTION COLLECTION FEE	02072014 @WYCF		9.50	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	01272017 @SWSP		0.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	02172017 @SSCF		0.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	11082017 @NSP		0.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	06132014 @GYCF		10.50	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	01292018 @EJSP		0.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	01292014 @CRAF		0.00	UNLIMITED	ACTIVE
TCF	TRANSACTION COLLECTION FEE	07032014 @BSP		2.00	UNLIMITED	ACTIVE

TRANSACTION DESCRIPTIONS 2102 WORK RELEASE SAVINGS SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
			BEGINNING BALANCE:		0.00
01/17/2018	NSP	TOR	TRANSFER OUT REGULAR TO TALBOT	0.00	0.00
03/16/2018	EJSP	TOR	TRANSFER OUT REGULAR TO TULLY	0.00	0.00
04/17/2018	EJSP	TOR	TRANSFER OUT REGULAR TO TULLY	0.00	0.00
04/30/2018	NSP	TOR	TRANSFER OUT REGULAR TO EJSP	0.00	0.00
05/07/2018	EJSP	TIR	TRANSFER IN REGULAR FROM NSP	0.00	0.00
05/17/2018	EJSP	TOR	TRANSFER OUT REGULAR TO TULLY	0.00	0.00
05/22/2018	CRAF	TOR	TRANSFER OUT REGULAR TO SSCF	0.00	0.00
05/23/2018	SSCF	TIR	TRANSFER IN REGULAR FROM CRAF	0.00	0.00

07/27/2018 08:50

DEPARTMENT OF CORRECTIONS

Page 3 Of 6

COICAC2

SOUTHERN STATE CORRECTIONAL FACILITY

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 01/01/2018 - 07/27/2018

SBI #: 000366926E

Name: HADDEN, TREMAINE M

DOB: 10/05/1992

LOCATION: SSCF-1-R-E-2

INM# 864818

TRANSACTION DESCRIPTIONS 2103 RELEASE SAVINGS SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
			BEGINNING BALANCE:		0.00
01/17/2018	NSP	TOR	TRANSFER OUT REGULAR TO TALBOT	0.00	0.00
03/16/2018	EJSP	TOR	TRANSFER OUT REGULAR TO TULLY	0.00	0.00
04/17/2018	EJSP	TOR	TRANSFER OUT REGULAR TO TULLY	0.00	0.00
04/30/2018	NSP	TOR	TRANSFER OUT REGULAR TO EJSP	0.00	0.00
05/07/2018	EJSP	TIR	TRANSFER IN REGULAR FROM NSP	0.00	0.00
05/17/2018	EJSP	TOR	TRANSFER OUT REGULAR TO TULLY	0.00	0.00
05/22/2018	CRAF	TOR	TRANSFER OUT REGULAR TO SSCF	0.00	0.00
05/23/2018	SSCF	TIR	TRANSFER IN REGULAR FROM CRAF	0.00	0.00

07/27/2018 08:50

DEPARTMENT OF CORRECTIONS

Page 4 Of 6

COICAC2

SOUTHERN STATE CORRECTIONAL FACILITY

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 01/01/2018 - 07/27/2018

SBI #: 000366926E

Name: HADDEN, TREMAINE M

DOB: 10/05/1992

LOCATION: SSCF-1-R-E-2

INM# 864818

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
BEGINNING BALANCE:					0.00
01/16/2018	NSP	FPAY	THP /HFHS CRED/FPAY /RG:2 11 @0.00 12/02/2017-12/31/2017	0.00	0.00
01/16/2018	NSP	FPAY	THP /HFHS SEMI/FPAY /RG:2 20 @1.45 12/01/2017-12/29/2017	29.00	29.00
01/16/2018	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	14.00
01/16/2018	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	29.00
01/17/2018	NSP	TOR	TRANSFER OUT REGULAR TO TALBOT	(29.00)	0.00
01/29/2018	EJSP	AD	CASH ON ARRIVAL	0.00	0.00
02/08/2018	SSCF	CL	CLOSE ACCOUNT - CASH	0.00	0.00
02/15/2018	EJSP	FPAY	TLYC/HFHS CRED/FPAY /RG:2 3 @0.00 01/29/2018-01/31/2018	0.00	0.00
02/15/2018	EJSP	FPAY	TLY /HFHS SEMI/FPAY /RG:2 0 @1.45 01/29/2018-01/31/2018	0.00	0.00
02/19/2018	EJSP	MEDL	MEDICAL LOAN	5.00	5.00
02/19/2018	EJSP	MED	AUTOPAYMENT: MED 15-FEB-18	(5.00)	0.00
02/19/2018	EJSP	RXL	PHARMACY LOAN	1.00	1.00
02/19/2018	EJSP	RX	AUTOPAYMENT: RX 15-FEB-18	(1.00)	0.00
02/20/2018	NSP	FPAY	THP /HFHS CRED/FPAY /RG:2 8 @0.00 01/06/2018-01/28/2018	0.00	0.00
02/20/2018	NSP	FPAY	THP /HFHS SEMI/FPAY /RG:2 18 @1.45 01/01/2018-01/31/2018	26.10	26.10
02/20/2018	NSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	11.10
02/20/2018	NSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	26.10
02/20/2018	NSP	DED	FPAY-DEDUCTION-MEDL-02192018	(5.00)	21.10
02/20/2018	NSP	DED	FPAY-DEDUCTION-RXL-02192018	(1.00)	20.10
03/15/2018	EJSP	FPAY	TLYC/HFHS CRED/FPAY /RG:2 28 @0.00 02/01/2018-02/28/2018	0.00	20.10
03/15/2018	EJSP	FPAY	TLY /HFHS SEMI/FPAY /RG:2 20 @1.45 02/01/2018-02/28/2018	29.00	49.10
03/15/2018	EJSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	34.10
03/15/2018	EJSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	49.10
03/16/2018	EJSP	TOR	TRANSFER OUT REGULAR TO TULLY	(29.00)	20.10
04/13/2018	EJSP	FPAY	TLYC/HFHS CRED/FPAY /RG:2 31 @0.00 03/01/2018-03/31/2018	0.00	20.10
04/13/2018	EJSP	FPAY	TLY /HFHS SEMI/FPAY /RG:2 22 @1.45 03/01/2018-03/30/2018	31.90	52.00
04/13/2018	EJSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	37.00
04/13/2018	EJSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	52.00
04/17/2018	EJSP	TOR	TRANSFER OUT REGULAR TO TULLY	(31.90)	20.10
04/28/2018	EJSP	AD	CASH ON ARRIVAL	0.00	20.10
04/30/2018	NSP	TOR	TRANSFER OUT REGULAR TO EJSP	(20.10)	0.00
04/30/2018	NSP	CL	CLOSE ACCOUNT - CASH	0.00	0.00
05/01/2018	CRAF	AD	CASH ON ARRIVAL	0.00	0.00

07/27/2018 08:50

DEPARTMENT OF CORRECTIONS

Page 5 Of 6

COICAC2

SOUTHERN STATE CORRECTIONAL FACILITY

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 01/01/2018 - 07/27/2018

SBI #: 000366926E

Name: HADDEN, TREMAINE M

DOB: 10/05/1992

LOCATION: SSCF-1-R-E-2

INM# 864818

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
05/07/2018	EJSP	TIR	TRANSFER IN REGULAR FROM NSP	20.10	20.10
05/09/2018	CRAF	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:85521314	20.00	40.10
05/09/2018	CRAF	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	25.10
05/09/2018	CRAF	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	40.10
05/13/2018	CRAF	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:85679531	40.00	80.10
05/14/2018	CRAF	JPUR	AUTOPAYMENT: JPUR 35264563	(2.00)	78.10
05/15/2018	CRAF	CRS	COMMISSARY SALE - ORD #9114858	(35.70)	42.40
05/15/2018	EJSP	FPAY	TLYC/HFHS CRED/FPAY /RG:2 28 @0.00 04/01/2018-04/28/2018	0.00	42.40
05/15/2018	EJSP	FPAY	TLY /HFHS SEMI/FPAY /RG:2 20 @1.45 04/02/2018-04/27/2018	29.00	71.40
05/15/2018	EJSP	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	56.40
05/15/2018	EJSP	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	71.40
05/16/2018	SSCF	AD	CASH ON ARRIVAL	0.00	71.40
05/16/2018	CRAF	CEC	COMMISSARY RETURN - ORD #9114858	35.70	107.10
05/17/2018	EJSP	TOR	TRANSFER OUT REGULAR TO TULLY	(49.10)	58.00
05/17/2018	SSCF	CRS	COMMISSARY SALE - ORD #9120450	0.00	58.00
05/18/2018	SSCF	JPAY	AUTOPAYMENT: JPAY SETOFF_CODE:85864950	100.00	158.00
05/18/2018	SSCF	DED	\$15 DEDUCTION-DISCRETIONARY SPENDING RESERVE PER 10A.	(15.00)	143.00
05/18/2018	SSCF	ADD	\$15 DEDUCTION-DISCRETIONARY SPENDING RETURN PER 10A.	15.00	158.00
05/21/2018	SSCF	RX	AUTOPAYMENT: RX 17-MAY-18	(1.00)	157.00
05/22/2018	CRAF	TOR	TRANSFER OUT REGULAR TO SSCF	(58.00)	99.00
05/23/2018	SSCF	TIR	TRANSFER IN REGULAR FROM CRAF	58.00	157.00
06/01/2018	SSCF	GTL	GTL - PHONE DEBIT PURCHASE 6/1/18	(15.00)	142.00
06/05/2018	SSCF	CRS	COMMISSARY SALE - ORD #9145368	(83.82)	58.18
06/05/2018	SSCF	AR	AR % TULLY HOUSE	249.54	307.72
06/08/2018	SSCF	JPUR	AUTOPAYMENT: JPUR 36202388	(8.00)	299.72
06/11/2018	SSCF	RX	AUTOPAYMENT: RX 04-JUN-18	(1.00)	298.72
06/12/2018	SSCF	GTL	GTL - PHONE DEBIT PURCHASE 6/12/18	(20.00)	278.72
06/14/2018	SSCF	CRS	COMMISSARY SALE - ORD #9153586	(149.90)	128.82
06/18/2018	SSCF	JPUR	AUTOPAYMENT: JPUR 36557912	(8.00)	120.82
06/21/2018	SSCF	GTL	GTL - PHONE DEBIT PURCHASE 6/21/2018	(25.00)	95.82
06/25/2018	SSCF	CDR	TREMAINE HADDEN	(33.00)	62.82
06/26/2018	EJSP	CL	CLOSE ACCOUNT - CASH	0.00	62.82
07/06/2018	SSCF	CRS	COMMISSARY SALE - ORD #9174443	(13.71)	49.11
07/10/2018	SSCF	GTL	GTL - PHONE DEBIT PURCHASE	(25.00)	24.11
07/20/2018	SSCF	CRS	COMMISSARY SALE - ORD #9194325	(7.92)	16.19
07/23/2018	CRAF	CL	CLOSE ACCOUNT - CASH	0.00	16.19

07/27/2018 08:50

DEPARTMENT OF CORRECTIONS

Page 6 Of 6

COICAC2

SOUTHERN STATE CORRECTIONAL FACILITY

OTRTASTA

TRUST ACCOUNT STATEMENT

STATEMENT DATE: 01/01/2018 - 07/27/2018

SBI #: 000366926E

Name: HADDEN, TREMAINE M

DOB: 10/05/1992

LOCATION: SSCF-1-R-E-2

INM# 864818

TRANSACTION DESCRIPTIONS 2101 SPENDABLE SUB ACCOUNT

DATE	LOCATION	TYPE	TRANSACTION DESCRIPTION	TRANSACTION AMT	BALANCE
07/27/2018	SSCF	CEC	COMMISSARY RETURN - ORD #9194325	7.92	24.11